



State of California  
Department of Industrial Relations  
Division of Apprenticeship Standards



Electrician Certification Program

**APPLICATION FOR ELECTRICIAN EXAM RETEST**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ D/L State: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please PRINT or type all information in INK**

MM DD YYYY

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Day Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**RETEST for Exam(s) Taken but Not Passed**

Check Exam(s) not passed: ☐ G ☐ R ☐ F

Date(s) taken: \_\_\_\_\_

ECP Tracking Nbr(s) (if known): \_\_\_\_\_

Attach Exam Fee of \$100 per Exam (No Application Fee). **You must wait 60 days to retest an examination.**

**RETEST for Exam(s) Scheduled but not Taken**

Check Exam(s) not taken: ☐ G ☐ R ☐ F

Date(s) scheduled: \_\_\_\_\_

ECP Tracking Nbr(s) (if known): \_\_\_\_\_

Attach an Application Fee of \$75 PLUS an Exam Fee of \$100 per Exam (\$175, \$275 or \$375 total).

Exact payment by check or money order must be payable to 'DIR – Electrician Certification Fund'.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify under penalty of perjury that all statements and attachments are true and correct.*

Keep a copy of this signed application and all attachments for your records.

Incomplete or inaccurately paid application will NOT be approved.

Mail this completed form with all required attachments to:

**Division of Apprenticeship Standards**

**Attn: Electrician Certification Unit**

**PO Box 420603**

**San Francisco, CA 94142-0603**

(For Office Use) Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Form DAS-ECF3 (09/2003)